

**HOTEL/MOTEL TRANSIENT OCCUPANCY TAX WAIVER  
(EXEMPTION CERTIFICATE FOR STATE AGENCIES)**

STD. 236 (NEW 9-91)

**HOTEL/MOTEL OPERATOR: RETAIN THIS WAIVER FOR YOUR FILES TO SUBSTATIATE YOUR REPORTS.  
PARTICIPATION BY OPERATORS IS STRICTLY VOLUNTARY.**

DATE EXECUTED

HOTEL/MOTEL NAME

**TO:**

HOTEL/MOTEL ADDRESS (Number, Street, City, State, ZIP code)

***This is to certify that I, the undersigned traveler, am a representative or employee of the State agency indicated below; that the charges for the occupancy at the above establishment on the dates set forth below have been, or will be paid for by the State of California; and that such charges are incurred in the performance of my official duties as a representative or employee of the State of California.***

OCCUPANCY DATE(S)

AMOUNT PAID

\$

STATE AGENCY NAME

California Commission on Aging

HEADQUARTERS ADDRESS

1300 National Drive, Suite 173, Sacramento, CA 95834

TRAVELER'S NAME (Printed or Typed)

***I hereby declare under the penalty of perjury that the foregoing statements are true and correct.***

EXECUTED AT: (City)

TRAVELER'S SIGNATURE

DATE SIGNED

, CALIFORNIA